



IFN 3626

PTO/SB/82 (09-04)

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ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/008,182
Filing Date	11/09/2001
First Named Inventor	Jill K. Jinks
Art Unit	3626
Examiner Name	Robert D. Rines
Attorney Docket Number	49771.29035

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 49358

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number: 49358

OR

<input type="checkbox"/> Firm or Individual Name	Carlton Fields, P. A.				
Address	1201 West Peachtree Street, Suite 3000				
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I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Jill K. Jinks		
Date	8/29/2006	Telephone	770-644-0632

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

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PTO/SB/81 (04-05)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/008,182
Filing Date	11/9/2001
First Named Inventor	Jill K. Jinks
Title	System and Methods for Interactively, etc.
Art Unit	3626
Examiner Name	Robert D. Rines
Attorney Docket Number	49771.29035/US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

49358

OR

Practitioner(s) named below:

Name	Registration Number
Li K. Wang	44,393
Lance D. Reich	42,097

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

49358

<input type="checkbox"/> Firm or Individual Name	CARLTON FIELDS, P. A.		
Address	1201 West Peachtree Street, Suite 3000		
City	Atlanta	State	GA
Country	USA	Zip	30309
Telephone	(404) 815-3400	Email	lwang@carltonfields.com

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	8/29/2006
Name	Jill K. Jinks	Telephone	770-644-0632
Title and Company	Insurance House		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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